

如何填写CPIC授权书



CRIMINAL RECORD VERIFICATION
Informed Consent Form

A. Personal Information

Surname (last name): 姓氏	Given name(s): 名字		
Surname (last name) at birth: 出生时的姓氏	Former name(s): 曾用姓名		
Place of birth (City, Province/State, Country): 出生地点 (城市, 省, 国家)			
Date of birth (YYYY-MM-DD): 出生年月日	Sex (check one) 性别 <input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男		
Phone number(s): N/A 电话号码	Email address: N/A 电子邮箱		
Current Home Address 住家地址			
## 街名 Number Street	## 城市 Apartment City	省 Province/Territory/State	邮编 Postal/ZIP code
Previous Address(es) Within the Last 5 Years (attach additional page if necessary) 过去五年内曾居住的地址			
_____ _____			

B. Reason for the Criminal Record Verification

Reason for Request (example Employment - Employer - Job Title): 申请目的 (例: 工作 - 公司名称 - 职位)	
Organization Requesting Search:	
Contact Name:	Contact Phone Number:

C. Informed Consent

SEARCH AUTHORIZATION - I HEREBY CONSENT TO THE SEARCH OF the RCMP National Repository of Criminal Records based on the name(s), date of birth and where used, the declared criminal record history provided by myself. I understand that this verification of the National Repository of Criminal Records is not being confirmed by fingerprint comparison which is the only true means by which to confirm if a criminal record exists in the National Repository of Criminal Records.

POLICE INFORMATION SYSTEM(S) - I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Police Information Check, which will consist of a search of the following systems (check applicable):

- CPIC Investigative Data Bank Police Information Portal (PIP)
 OTHER:

AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any police information.

I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of the results of the criminal record checks to The Fingerprint Room Inc., located in Richmond, Canada
Company Name City and Country

I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Cobourg Police Service to The Fingerprint Room Inc., Richmond, Canada
Name of Processing Police Service Company Name City and Country

Signature of Applicant 申请人签名	Date 签名日期 (年, 月, 日) Year Month Day	Signed at 签名地点 (城市, 省) City Province/Territory
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D. Identification Verification

Physical Identity Verification (fill in section D) Electronic Identity Verification

Witnessing Agent's Name: (请留空白)	Identification Verified: (请留空白)
Witnessing Agent's Signature	Type of Photo ID Viewed (Government Issued) & Secondary ID

Name and location of the company where information will be stored in Canada: The Fingerprint Room Inc. - BC, Canada

Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation.